

**HEALTH CARE AUTHORITY
Washington Medicaid Program
Olympia, Washington**

To: Pharmacists
Managed Care Organizations

#Memo: 11-57
Issued: September 30, 2011

From: Doug Porter, Director
Health Care Authority

For further information, go to:
<http://hrsa.dshs.wa.gov/contact/default.aspx>

Subject: Prescription Drug Program—Maximum Allowable Cost Update

Effective for dates of service on and after November 1, 2011, (unless otherwise noted) the Health Care Authority (the Agency) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list
2. MAC adjustments
3. MAC deletions

1. MAC Additions, effective 11/01/11

Generic Name	Strength	Form	MAC Effective 11/01/11
BUDESONIDE	3MG	CAP SR 24HR	\$12.77710
FONDAPARINUX SODIUM	2.5MG/0.5ML	INJ SOLN	\$94.99350
FONDAPARINUX SODIUM	5MG-0.4ML	INJ SOLN	\$279.47060
FONDAPARINUX SODIUM	7.5MG/0.6ML	INJ SOLN	\$186.31380
FONDAPARINUX SODIUM	10MG/0.8ML	INJ SOLN	\$139.73530
LEVOCARNITINE	1GM/10ML	SOLUTION	\$0.17910
METHENAMINE HIPPURATE	1GM	TABLET	\$1.64670
PIROXICAM	10MG	CAPSULE	\$1.09490
PIROXICAM	20MG	CAPSULE	\$1.97170
SALSALATE	500MG	TABLET	\$0.30410

2. MAC Adjustments, Effective 10/01/11

Generic Name	Strength	Form	MAC Effective 10/01/11
AMPHETAMINE-DEXTROAMPHETAMINE	5MG	TABLET	\$0.93000
AMPHETAMINE-DEXTROAMPHETAMINE	10MG	TABLET	\$0.93000
AMPHETAMINE-DEXTROAMPHETAMINE	20MG	TABLET	\$0.93000
AMPHETAMINE-DEXTROAMPHETAMINE	30MG	TABLET	\$0.93000
CLARITHROMYCIN	500MG	TABLET	\$4.32090

2. MAC Adjustments, Effective 11/01/11

Generic Name	Strength	Form	MAC Effective 11/01/11
BUPROPION HCL	150MG	TAB SR 24HR	\$0.67800
BUPROPION HCL	300MG	TAB SR 24HR	\$0.91040
DORZOLAMIDE-TIMOLOL	2-0.5%	OPHTH SOLN	\$3.17580
HYDROCODONE-ACETAMINOPHEN	5-325MG	TABLET	\$0.17396
HYDROCODONE-ACETAMINOPHEN	7.5-325MG	TABLET	\$0.19055
HYDROCODONE-ACETAMINOPHEN	10-500MG	TABLET	\$0.11180
LATANOPROST	0.005%	OPHTH SOLN	\$1.81440
MYCOPHENOLATE MOFETIL	500MG	TABLET	\$0.59390
PHENYTOIN SODIUM EXTENDED	100MG	CAPSULE	\$0.12600
PRAMIPEXOLE DIHYDROCHLORIDE	0.125MG	TABLET	\$0.12888
PRAMIPEXOLE DIHYDROCHLORIDE	0.25MG	TABLET	\$0.12888
PRAMIPEXOLE DIHYDROCHLORIDE	0.5MG	TABLET	\$0.12888
PRAMIPEXOLE DIHYDROCHLORIDE	1MG	TABLET	\$0.12888
VALACYCLOVIR HCL	500MG	TABLET	\$2.05520
VALACYCLOVIR HCL	1GM	TABLET	\$3.76670

3. MAC Deletions, Effective 09/01/11

Generic Name	Strength	Form	MAC Effective 09/01/11
NYSTATIN	100000 U/GM	CREAM	\$0.00000

3. MAC Deletions, Effective 10/01/11

Generic Name	Strength	Form	MAC Effective 10/01/11
BETAMETHASONE VALERATE	0.1%	CREAM	\$0.00000

How Can I Get the Agency Provider Documents?

To download and print the Agency provider numbered memos and billing instructions, go to the Agency website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).